# REPORT OF RE

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Malandar

TOWN TO THE STREET

Check here if above is different from previous report

#### TYPE OF REPORT

electal

November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)........Runoff Candidates

January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).................................Mandatory Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting expenditures and has no outstanding campaign debt obligation)

#### IMPORTANT

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Gode Ann. § 23-16-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

ltemized + Non-itemized =	This Period	Year-To-Date
Total amount of contributions \$ 8/5 +\$ /50	\$ 965	\$ 965
Total amount of disbursements \$ 4/5 +\$ /00	\$ 515	\$ 515
Total amount of cash on hand	\$ 450	

I cartify that

Signature of Director or Treasurer Authority: Refer to Miss. Code Ann. §23-16-801 (1972) et. seq. for statutory requirements. Penalties: Fallure to aubmit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit velid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Gods Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewick, State district, multi-county and all legislative offices should return form to Socretary of State, Elections Division, P. D. Box 136, Jackson,

\$39205 or fax to 801-388-1498 or 801-876-2818.
2. Candidules for countywide and county district offices should return forms to their county Circuit Clark.

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Name of Candidate or Committee Committee to Elect Ali	ShumsidDeen	
Reporting period / through		
ITEMIZED RECE	IPTS	
A Source: PCorporation   PAC     Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	5 128, 10	\$ 300.00
Malling Address		\$
Pobox 22849		•
Jackson, MS 39225-2849		\$
Name of Employer (Required) Law Arm	//	\$
Occupation (Required) Law River	Aggregate year-to-date	\$ 300.00
B. Source:     Corporation   PAC   Individual   Loan     Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ali Shamsid Deen	5117110	\$ 515,00
Mailing Address POBUX 919		\$
City, State, Zlp Coole Jackson, MS 39225		\$
Name of Employer (Required) Self	11	\$
Occupation (Required)	Aggregate year-to-date	\$ 515.00
G. Source:   Corporation   PAC   Individual   Loan    Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Malling Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation C PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
U Other (please specify)		\$
Mailing Address		5
City, State, Zip Code		\$
Name of Employer (Required)	1 1	\$
Occupation (Required)	Aggregate year-to-date	\$

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Name of Candidate or Committee Committee to Ele	Ali Shamsi	Deen		
Reporting period May 1 through	May 31			

## ITEMIZED DISBURSEMENTS

A. Full name Taseth Lands	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 1935 Castle HIII Dr.  City, State, Zip Code Jackson, MS 39204	5,18,10	\$ 415.00
City, State, Zip Code To Lin Mr 39204		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 415,00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		5
City, State, Zip Code	_'_'_	5
Purpose of Diebursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Melling Address		S
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	(Mo., Day, Year)	Amount of each disbursament this period
Mailing Address		S
City, State, Zip Gode		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S

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